



COVID-19 Results – 2020 PRAMS

Iowa Pregnancy Risk Assessment Monitoring System (PRAMS)

Bureau of Family Health
Prepared by PRAMS Program Staff
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Iowa Department of Public Health
Protecting and Improving the Health of Iowans

IDPH
IOWA Department
of PUBLIC HEALTH

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A primary goal of PRAMS is to translate its data into action. Please share with us how you have used the data published here. We also welcome feedback on the usefulness of this format. You may contact the PRAMS staff by e-mail at iowaprams@idph.iowa.gov or by phone at 1-800-383-3826.

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List of Acronyms

CDC.....Centers for Disease Control and Prevention
IDPHIowa Department of Public Health
PRAMS.....Pregnancy Risk Assessment Monitoring System

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^u unreliable estimate (subgroup <50, or CI >=20 points)

Introduction

About this Report

For the 2020 birth cohort, Iowa PRAMS implemented an 11-question supplemental questionnaire on healthcare utilization during the COVID-19 Pandemic. The purpose of this supplement was to use the existing PRAMS methodology to implement rapid surveillance of maternal behaviors and experiences related to prenatal care, delivery, and postpartum care during the COVID-19 Pandemic.

The following report represents data collected from women that had a live birth from July 2020 to December 2020.

Overview of PRAMS

PRAMS stands for the Pregnancy Risk Assessment Survey (PRAMS) and is a cooperative project between the Iowa Department of Public Health (IDPH) and the Centers for Control and Prevention (CDC). Iowa joined the PRAMS project in 2011 and began data collection in February of 2013. In 2020, 1,732 Iowa mothers were asked to provide information on their experiences and behaviors before, during and after pregnancy.

PRAMS was initiated in 1987 to help state health departments establish and maintain an epidemiologic surveillance system of selected maternal behaviors and experiences. PRAMS was started at a time when the U.S. infant mortality rate was no longer declining as rapidly as it had in past years and the prevalence of low birthweight was showing little change. Maternal behaviors, such as alcohol and tobacco use, and limited use of prenatal care and pediatric care were contributing to the slow rate of decline. PRAMS was designed to supplement data from vital records and to generate data for planning and assessing perinatal health programs in each participating state.

Why is PRAMS important?

- PRAMS provides data for state health officials to use to improve the health of mothers and infants.
- PRAMS allows CDC and the states to monitor changes in maternal and child health indicators (i.e. unintended pregnancy, prenatal care, breastfeeding, smoking, drinking, and infant health).
- PRAMS enhances information from birth certificates used to plan and review state maternal and infant health programs.
- The PRAMS sample is chosen from all women who had a recent live birth, so findings can be applied to the state's entire population of women who recently delivered a live-born infant.
- PRAMS not only provides state-specific data but also allows comparisons among participating states because the same data collection methods are used in all participating states.

How are PRAMS data used?

PRAMS provides data not available from other sources about pregnancy and the first few months after birth. These data can be used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants.

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PRAMS data are used by:

- State and local governments to plan and review programs and policies aimed at reducing health problems among mothers and babies.
- State agencies to identify other agencies that have important contributions to make in planning maternal and infant health programs and to develop partnerships with those agencies.
- Researchers to investigate emerging issues in the field of maternal and child health.

For additional information, please visit <http://www.cdc.gov/prams/>. You will find detailed information on the methodology used, other participating states, and data to action success stories.

If you would like to request Iowa PRAMS data, please visit <http://idph.iowa.gov/prams> for information on the request process. Complete versions of the survey are also available.

PRAMS Methodology

Sample Design

All states participating in PRAMS utilize a sampling technique called 'stratified random sampling' in which all birth records are divided into categories, or 'strata.' Iowa stratifies by mother's race and ethnicity as reported by the mother on the birth certificate.

A random sample is drawn from each of these groups on a monthly basis. Selected mothers are then contacted to participate in the PRAMS project. Because a relatively small percentage of the total population of all Iowa mothers is contacted, a simple random sample may not yield sufficient numbers of responses from these women to tell us about their lifestyles and behaviors as a group. Stratified random sampling provides a means to collect more meaningful information about high-risk population groups. A weighting process is used to recombine the resulting responses to reflect the total population of Iowa mothers within a calendar year.

Mode of Surveillance

All PRAMS states use a mixed-mode surveillance system. Mothers are first contacted via mail when their infant is over two months of age. Up to three self-administered surveys are sent to selected mothers. Mothers who do not respond to the mailed survey are called to complete the survey by a phone. All mothers who complete the survey are given a \$10 gift certificate.

Inclusion Criteria

Any Iowa-resident woman, including teens, who delivers a live birth within Iowa is eligible to be included in the PRAMS sample. When twins or triplets are born, only one infant is randomly selected. Adopted infants and surrogate births are excluded. Birth certificates missing the mother's last name are also excluded.

Limitations of PRAMS

As a self-administered survey, PRAMS data is subject to inaccurate reporting. Types of bias in PRAMS data may include recall bias, reporting bias, and misunderstanding of questions. PRAMS is also subject to non-response bias, especially among harder to reach populations. The data represents estimates of population behavior and experiences. Data can be used as a guideline for program activities.

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Response Rate

The overall response rate for Iowa PRAMS was 50% in 2020, which met the 50% minimum for PRAMS data to be considered valid. However, some subgroups, such as Non-Hispanic Black (NHB) mothers or mothers with a high school degree or lower, have response rates of less than 50%. Though the sample design described above helps improve estimates for these groups, it cannot fully correct for the selection bias created by non-response, and so estimates from these groups should be treated with higher caution.

Confidence Intervals

Confidence intervals represent uncertainty around an estimate, though they themselves are an estimate. All confidence intervals in this report are at the 95% level. Uncertainty intervals in this report account for uncertainty due to the sample selection process, but cannot fully account for non-response or misinformation given by participants. For more information about confidence intervals, see <https://www.census.gov/did/www/saipe/methods/statecounty/ci.html>.

Data Suppression

Numerators containing less than 6 women have been suppressed from this document to comply with the IDPH confidentiality policy. These groups are indicated by an * in the tables below. Additionally, unreliable estimates, subgroups that contain less than 50 respondents or have a confidence interval half-width of 10 points or greater, are indicated with a ^U and a lighter font color.

Household Income

Household income is analyzed using four groups for this report; the groups were chosen in order to have similar numbers of women in each, and the cutoff of 185% of the Federal Poverty Line (FPL) because this is the threshold for WIC eligibility, and 375% is the threshold for qualification for Medicaid for pregnant women in the state of Iowa. For a four-person family, this cutoff for Medicaid eligibility is an annual income of approximately \$96,000. When calculating FPL for the family, the family size includes one above the number indicated by the respondent to account for the new infant. For example, if the respondent wrote that four people depended on the income reported, FPL will be calculated as if five people depended on the reported income.

Maternal Residence

Urbanity was chosen by mother's county of residence, based on the National Center for Health Statistics urban-rural continuum. Counties designated as Small-Metro or Micropolitan were considered urban (Iowa has no counties with higher urbanity), while the rest of the counties, classified as non-core, are considered rural.

Maternal Insurance

Maternal insurance is tracked at three time periods in the PRAMS survey: before pregnancy, during pregnancy, and at the time of survey (postpartum). Mothers who selected both public insurance and private insurance options during a given time were included in the private insurance group. Military insurance is considered private insurance for this report.

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Results

Question	Sample N	Weighted N	Weighted %	95% CI
<i>During the COVID-19 pandemic, which types of prenatal care appointments did you attend?</i>				
In-person appointments only	258	12226	79.38	73.14-84.48
Virtual appointments (video or telephone only)	*	*	*	*
Both in-person and virtual appointments	57	2766	2.15	13.23-23.91
I did not have prenatal care	*	*	*	*
<i>What are the reasons that you did not attend virtual appointments for prenatal care?</i>				
Lack of availability of virtual appointments from my provider	62	2904	28.54	21.45-36.88
Lack of an available telephone to use for appointments	12	267	2.52	0.93-6.67
Lack of enough cellular data or cellular minutes	9	72	0.68	0.36-1.28
Lack of a computer or device	12	366	3.46	1.35-8.57
Lack of internet service or had unreliable internet	8	179	1.68	0.45-6.05
Lack of a private or confidential space to use I preferred seeing my health care provider in person	*	*	*	*
Other reason	192	9676	86.44	79.67-91.21
31	1429	17.25	11.25-25.52	
<i>Were any of your prenatal care appointments canceled or delayed during the COVID-19 pandemic due to the following reasons?</i>				
My appointments were canceled or delayed because my provider's office was closed or had reduced hours	41	1806	11.71	7.94-16.94
I canceled or delayed because I was afraid of being exposed to COVID-19 during the appointments	29	1226	8.08	4.90-13.04
I canceled or delayed because I lost my health insurance during the COVID-19 pandemic	6	246	1.62	0.58-4.44
I canceled or delayed because I had problems finding care for my children or other family members	22	869	5.76	3.29-9.89
I canceled or delayed because I worried about taking public transportation and had no other way to get there	9	232	1.54	0.63-3.73
My appointments were canceled or delayed because I had to self-isolate due to possible COVID-19 exposure or infection	22	1034	6.82	4.08-11.17

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COVID-19 Frequencies – 2020 PRAMS

Question	Sample N	Weighted N	Weighted %	95% CI
<i>While you were pregnant, how often did you do the following things to avoid getting COVID-19?</i>				
Avoided gatherings of more than 10 people:				
<i>Always</i>	204	9100	58.58	51.61-65.19
<i>Sometimes</i>	88	4957	31.91	25.89-38.60
<i>Never</i>	30	1478	9.51	6.04-14.68
Stayed at least 6 feet (2 meters) away from others when I left my house				
<i>Always</i>	214	8986	57.84	50.91-64.48
<i>Sometimes</i>	89	5564	35.81	29.48-42.69
<i>Never</i>	19	986	6.34	3.76-10.51
Only left my home for essential reasons				
<i>Always</i>	200	8720	56.15	49.20-62.87
<i>Sometimes</i>	90	5109	32.90	26.72-39.73
<i>Never</i>	31	1701	10.95	7.35-16.02
Made trips as short as possible when I left my home				
<i>Always</i>	241	11356	73.10	66.52-78.80
<i>Sometimes</i>	55	2996	19.28	14.37-25.38
<i>Never</i>	26	1184	7.62	4.68-12.18
Avoided having visitors inside my home				
<i>Always</i>	185	7897	50.83	43.93-57.70
<i>Sometimes</i>	108	5941	38.24	31.77-45.16
<i>Never</i>	29	1697	10.92	7.24-16.16
Wore a mask or a cloth face covering when out in public				
<i>Always</i>	268	11989	77.59	71.19-82.91
<i>Sometimes</i>	41	2701	17.48	12.71-23.57
<i>Never</i>	12	762	4.93	2.72-8.78
Washed hands for 20 second with soap and water				
<i>Always</i>	280	13068	84.15	78.38-88.60
<i>Sometimes</i>	37	2261	14.56	10.27-20.25
<i>Never</i>	*	*	*	*
Used alcohol-based hand sanitizer				
<i>Always</i>	251	11354	73.08	66.49-78.80
<i>Sometimes</i>	55	3216	20.70	15.63-26.91
<i>Never</i>	16	965	6.21	3.57-10.59
Covered coughs and sneezes with a tissue or my elbow				
<i>Always</i>	298	14633	94.19	90.25-96.60
<i>Sometimes</i>	21	823	5.30	3.00-9.18
<i>Never</i>	*	*	*	*

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COVID-19 Frequencies – 2020 PRAMS

Question	Sample N	Weighted N	Weighted %	95% CI
<i>While you were pregnant during the COVID-19 pandemic, did you have any of the following experiences?</i>				
I had responsibilities or a job that prevented me from staying home	166	7839	50.32	43.43-57.19
Someone in my household had a job that required close contact with other people	173	8783	56.22	49.28-62.92
When I went out, I found that other people around me did not practice social distancing	202	10277	66.09	59.31-72.26
I had trouble getting disinfectant to clean my home	76	3756	24.01	18.61-30.39
I had trouble getting hand sanitizer or hand soap for my household	63	3429	21.93	16.60-28.40
I had trouble getting or making masks or cloth face coverings	25	881	5.64	3.14-9.90
It was hard for me to wear a mask or cloth face covering (trouble breathing, claustrophobia)	79	3932	25.36	19.65-32.06
I was told by a health care provider that I had COVID-19	33	1388	8.88	5.80-13.37
Someone in my household was told by a health care provider that they had COVID-19	27	1525	9.76	6.27-14.89
<i>Who was with you in the hospital delivery room as a support person during your labor and delivery?</i>				
My husband or partner	270	13672	85.71	80.10-89.94
Another family member or friend	41	1435	9.00	5.65-14.03
A doula	27	651	4.08	2.16-7.58
Some other support person (not including hospital staff)	6	103	0.64	0.18-2.23
The hospital did not allow me to have any support people	*	*	*	*
<i>While in the hospital after your delivery, did any of the following things happen to you and your baby because of COVID-19?</i>				
My baby was tested for COVID-19 in the hospital	37	1363	9.60	6.06-14.89
I was separated from my baby in the hospital after delivery to protect my baby from COVID-19	15	457	3.14	1.35-7.11
I wore a mask when other people came into my hospital room	164	4019	48.27	41.20-55.41
I wore a mask while I was alone caring for my baby in the hospital	56	2083	14.29	9.90-20.19
I was given information about how to protect my baby from COVID-19 when I went home	168	7398	51.33	44.17-58.43

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COVID-19 Frequencies – 2020 PRAMS

Question	Sample N	Weighted N	Weighted %	95% CI
<i>Did the COVID-19 pandemic affect breastfeeding for you and your baby in any of the following ways?</i>				
I was given information in the hospital about how to protect my baby from infection while breastfeeding	110	4378	34.61	27.87-42.04
I wore a mask while breastfeeding in the hospital	53	2116	16.63	11.58-23.32
I pumped breast milk in the hospital so someone else could feed my baby to avoid him or her getting infected	19	607	4.77	2.42-9.18
Due to COVID-19, I had trouble getting a visit from a lactation specialist while I was in the hospital	11	434	3.41	1.41-8.04
<i>In what ways did the COVID-19 pandemic affect your baby's routine health care?</i>				
My baby's well visits or checkups were canceled or delayed	16	570	3.72	1.92-7.08
My baby's well visits or checkups were changed from in-person visits to virtual appointments (video or telephone)	8	274	1.79	0.74-4.25
My baby's immunizations were postponed	9	194	1.26	0.43-3.62
<i>During the COVID-19 pandemic, which types of postpartum appointments did you attend for yourself?</i>				
In-person appointments only	265	13220	85.21	79.47-89.56
Virtual appointments (video or telephone) only	9	573	3.69	1.70-7.83
Both, in-person and virtual appointments	15	516	3.33	1.60-6.79
I did not have any postpartum appointments for myself	30	1206	7.77	4.75-12.46
<i>Did any of the following things happen to you due to the COVID-19 pandemic?</i>				
I lost my job or had a cut in work hours or pay	106	4488	28.75	22.91-35.39
Other members of my household lost their jobs or had a cut in work hours or pay	65	2980	19.10	14.07-25.40
I had problems paying the rent, mortgage, or other bills	66	2362	15.13	10.74-20.91
A member of my household or I received unemployment benefits	88	3739	23.95	18.57-30.32
I had to move or relocate	24	632	4.05	2.13-7.58
I became homeless	6	325	2.08	0.71-5.95
The loss of childcare or school closures made it difficult to manage all my responsibilities	50	1978	12.67	8.70-18.10
I had to spend more time than usual taking care of children or other family members	112	5089	32.60	26.46-39.39

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COVID-19 Frequencies – 2020 PRAMS

Question	Sample N	Weighted N	Weighted %	95% CI
<i>CONT. Did any of the following things happen to you due to the COVID-19 pandemic?</i>				
I worried whether our food would run out before I got money to buy more	47	1731	11.09	7.25-16.60
I felt more anxious than usual	135	6868	43.99	37.29-50.93
I felt more depressed than usual	62	2878	18.43	13.66-24.40
My husband or partner and I had more verbal arguments or conflicts than usual	49	2181	13.97	9.89-19.38
My husband or partner was more physically, sexually, or emotionally aggressive towards me	14	664	4.25	2.10-8.41

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